

NEWTON HOUSING REHABILITATION PROGRAM APPLICATION
for income-eligible owners of single and two-family residential structures and
owner-occupants of condominium units

HOUSEHOLD INFORMATION:***Applicant******Co-Applciant***

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Ethnicity: Hispanic or Latino: Yes _____ No _____

Race: _____ White _____ Black or African American _____ American Indian/Alaskan Native
 _____ Asian _____ Native Hawaiian or Other Pacific Islander

Number of persons currently residing in dwelling unit: _____

Number of children under age 6 residing in dwelling unit: _____

Number of persons with disabilities currently residing in dwelling unit: _____

Female head of household Yes _____ No _____

PROPERTY INFORMATION:

Name(s) on deed: _____

Number of units (only one and two-family residential structures are eligible for assistance: _____

If you have a rental unit, is the unit currently occupied? Yes _____ No _____

Current monthly rent from unit: (Provide copy of lease and evidence of deposits of rent)
 \$ _____

Number of persons currently residing in rental unit: _____

Number of children under age 6 residing in rental unit: _____

PROJECT WORK

Briefly describe the work that requires Program assistance.

ANNUAL INCOME INFORMATION

<i>List gross dollar amounts</i>	<i>Applicant</i>	<i>Co-Applicant</i>
Wages, salary, tips	\$	\$
Business income (self-employed)	\$	\$
Social Security	\$	\$
Pension	\$	\$
Alimony	\$	\$
Dividends and interest	\$	\$
Non-taxable income	\$	\$
Social Security Disability Insurance	\$	\$
Other (describe)	\$	\$

HOUSING EXPENSES	<i>Monthly</i>	<i>Quarterly</i>	<i>Annual</i>
Mortgage (balance \$)	\$		
Homeowners' Insurance			\$
Real Estate Taxes		\$	
Water/Sewer		\$	
Gas and/or Oil	\$		
Electricity	\$		
Other (describe)	\$		

ASSETS

Checking account:

Bank name: _____

Account number: _____

Balance: \$ _____

Savings account:

Bank name: _____

Account number: _____

Balance: \$ _____

Certificates of Deposit, mutual funds/stocks/bonds/401(k)/403(b) and additional accounts:

(Please attach additional sheet, if necessary)

Name of holder: _____

Account number: _____

Balance: \$ _____

Any real estate owned in addition to dwelling unit:

Location of real estate _____

Current market value: \$ _____ Mortgage balance: \$ _____

LIABILITIES

List all credit accounts and loans (credit cards, home improvements, department stores, auto, personal loan, etc.)

Creditor	Balance due	Monthly payment
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

By signing below, Applicant(s) requests the Newton Housing Office to review this application for the purpose of determining eligibility to receive funding assistance through the Newton Housing Rehabilitation Program. Applicant acknowledges that such eligibility determination may include without limitation, the acquisition of credit reports and the verification of income and deposits. Applicant declares that they have read and understand the guidelines of the Program. Applicant authorizes the Newton Housing Office to use before and after photographs and/or videos of the repaired/restored property for promotional or informational purposes. Applicant acknowledges and agrees that Applicant's statements are true, correct, and complete to the best of their knowledge.

Applicant

Date

Co-Applicant

Date